

Clinical Trial Underscores Importance of Diet, Exercise, and Other Controls in Treating Diabetes

By PR Communications

The largest long-term U.S. clinical trial of its kind - co-led by Phoenix Veterans Affairs Health Care System (PVAHCS) Diabetologist Dr. William Duckworth - suggests that many physicians should rethink how they treat some patients with diabetes.

Results of the VA Diabetes Trial (VADT) - **published in the Jan. 8, 2009, issue of the New England Journal of Medicine** - do not apply to all patients, but indicate that different levels of blood glucose (sugar) control are appropriate for different patients, rather than a more widely accepted standard. Trying to achieve the current standard recommended by the American Diabetes Association (ADA) for tightly controlling glucose may not be beneficial to many patients, and may actually result in a potentially life-threatening situation in which blood sugars are too low.

"In older patients with long standing diabetes, intensive glucose control should not be the major focus of care," says William Duckworth, MD, an endocrinologist specializing in diabetes management with the PVAHCS, who co-chaired the study with Carlos

Abraira, MD, of the Miami VA Medical Center. "Risk factors such as blood pressure, blood lipids, diet and exercise should be of primary interest," he says.

Left unchecked, the high blood-glucose levels that characterize diabetes damage blood vessels and nerves, resulting in serious complications and even death. Those complications include cardiovascular disease (such as heart attack, stroke and peripheral vascular disease), blindness, and end-stage renal (kidney) disease. Diabetes often necessitates amputations of lower limbs.

However, for patients who are older and have had diabetes for some time, less intensive control of blood glucose can be just as beneficial, according to the researchers. The VA Health Care System's guidelines already stratify recommendations for glucose control in diabetic patients, depending on their microvascular disease, or complications of small blood vessels such as those in the eyes, feet and kidneys - and other diseases that are present.

"The current approach to care of diabetes in the VA is substantiated by this study," says Dr.

Duckworth. "Diet, exercise, blood pressure and lipid control are all essential factors in management of diabetes. Non-VA providers should consider altering the single goal used by the ADA or the American Association of Clinical Endocrinologists (AACE) to the clinically more appropriate standards of the VA."

Glucose is measured by the level of glycohemoglobin A1c (Hb A1c), which indicates a person's level of blood glucose during the preceding two to three months. The ADA standards of care recommend controlling Hb A1c at less than 7 percent, and the AACE recommends an Hb A1c goal of 6.5 percent or less. Normal Hb A1c level is less than 6 percent.

However, as Dr. Duckworth notes, tight glycemic control can be a challenge, often requiring multiple oral medications and/or multiple daily insulin injections. Tight control is associated with increased weight gain and glucose fluctuations, and is costly in terms of medical oversight, the patient's time, and the drugs and glucose monitoring equipment that are necessary to achieve this level of glucose control.



Dr. William Duckworth

The VADT involved nearly 1,800 veterans at 20 VA Medical Centers across the country, who were followed for a minimum of 5 years and a maximum of 7.5 years, depending upon when they were enrolled in the study. On average, they had been diagnosed with diabetes for 11.5 years.

One of the aims of the VADT was to study the association between intense control of blood glucose in people with type 2 diabetes and cardiovascular disease. Researchers compared good control (Hb A1c less than 8.5 percent)

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Photo courtesy of Tim Koors/Phoenix Business Journal

The Face of a New Pharmacy

by PA Intern Alex Meredith

Ease of access is the goal behind our pharmacy's new look. This extensive construction project remodel includes a second access door, extended seating for waiting patients, multiple prescription pick-up windows, and medication counseling booths to help answer questions patients may have about their new prescriptions.

With an incredible amount of patient traffic and more than 110,000 prescriptions processed every month, it's crucial that the Medical Center's pharmacy, be as modern and efficient as possible. Previously, pharmacists could be scattered among the hospitals various clinics, but now, according to Clinical Pharmacist Shannon Mentzel, things have changed to emphasize the efficiency of the new pharmacy.

The new pharmacy is able to incorporate specialists from all different areas, reducing the need for patients to travel to multiple clinics or areas within the hospital.

Now when patients enter into the remodeled pharmacy a "greeter," welcomes them. The greeter, a pharmaceutical employee, helps point veterans in the right direction and answer questions they may have. Add to that the two state of the art automatic prescription-filling machines and it leads to the safe distribution of prescriptions for patients.

"We have pharmacists of all

different backgrounds available: primary care, medical specialties, and mental health," says Mentzel. These improvements can lead to increased efficiency, and patient safety.

Chief of Pharmacy Randy Koontz says, "Without the clinical pharmacists and coworkers, none of what they've accomplished would be possible." He adds this remodel "ensures a continued focus on providing efficient and customer-oriented pharmacy services."

Facilities project manager Rick Mehrer was the lead on this remodel contract. Mehrer worked with Contracting Officer Enrique Rivera who awarded the contract to SYGNOS, a San-Diego based Service-Disabled Veteran-Owned Small Business. It took Mehrer and the contracted staff working at night to conduct the renovation in a manner that was least disruptive to patients and staff. This includes adding the new prescription pick-up windows, medication counseling booths, and extended seating with privacy in mind. With construction efforts focused after primary business hours, the project was completed well before their original estimates.

"With the cooperation of the pharmacy staff and the contractors," Mehrer said, "we were able to get the work done two months ahead of schedule."



According to Mehrer, by finishing the project early, manpower is freed up. Such as the Contracting Officer's Technical Representative Gary Zetle, who was also a key member of the pharmacy's remodeling efforts.

Although finishing ahead of schedule is to everybody's benefit, the focus can now return to enhanced patient care. This remodel allows for "improved security and

improved patient confidentiality," says Mehrer.

With the new pharmacy now complete, Mehrer and the rest of the engineering team are free to move on to other construction efforts around the hospital, including the \$20 million in projects they are currently working on.

To see the new pharmacy, visit during its business hours from 8 a.m. until 6 p.m. daily. ■

About the Desert Sun

The Desert Sun is a bi-monthly printed publication for VA staff, volunteers, our Congressional members, Veterans Service Organizations and the Phoenix community.

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with intense control (Hb A1c less than 7.0 percent) in an older veteran population. They found that aggressive therapy to control blood glucose was not significantly better than less intensive conventional therapy in preventing events such as heart attacks and strokes, with no benefit to lowering HbA1c levels below 8 percent.

There also was no significant difference in mortality, microvascular complications, or minor cardiovascular events, such as angina and transitory ischemic attacks (minor strokes).

The study did achieve impressive levels of adherence to diet and lifestyle changes, as well as control of high blood pressure and cholesterol, which can reduce the risk of death and complications from diabetes. Improvements in health were seen despite the fact that study participants were mostly older, overweight or obese and had high blood pressure and poor lipid

control at the beginning of the study. Forty percent of participants had already had prior cardiovascular events.

"Based on historical studies, we believe this was largely due to the excellent blood pressure control, lipid control, improved diet and exercise, and treatment with aspirin," he says.

At the start of the study, researchers predicted that cardiovascular events would total between 650 and 700 events, while the actual number in the standard-therapy group was 263, and was 231 in the intensive-therapy group.

The average Hb A1c was 9.5 percent upon entry into the trial; the standard group reached 8.4 percent and the intensive group reached 6.9 percent within six months. These levels were maintained throughout the trial.

All veterans who participated in the study were at or below targets for lipids and blood pres-

sure within the first two years and maintained them for six years. The greatest success was in blood pressure control, with median levels reaching 127/70 mm/Hg within six months and staying there throughout the trial. By the sixth year of the study, 40 percent were still exercising regularly and 60 percent were adhering to dietary advice. The percent of participants who smoked dropped from 16 percent to 10 percent by the end of the study.

In addition, all participants were at - or better than - goal for cholesterol levels, including low-density lipoprotein (LDL), the so-called "bad cholesterol" and high-density lipoprotein, or "good cholesterol." Median LDL declined from 106 mg/dL at entry to 78 mg/dL, HDL rose from 34 mg/dL at the outset to 40 mg/dL in the standard group and 39 mg/dL in the intensive group, and triglycerides fell from 157 mg/dL at the outset to

135 mg/dL in the standard group and 128 mg/dL in the intensive group.

Many studies across various populations have shown a direct relationship between glucose levels and cardiovascular disease, but prior clinical studies have failed to demonstrate a significant cardiovascular event reduction from good glycemic control. Writing at the start of the study, researchers noted that intensive therapy "has a downside," and increases hypoglycemia (low blood glucose levels that can result in loss of consciousness, coma and death), with related physical, mental and economic effects. "Should we put our efforts into glucose control in older established patients," they wrote, "or into other areas (such as) blood pressure control, lipid therapy and support systems?" ■

Is Kindness and Generosity Contagious?

By Belinda R. Baker, RN, BSN

The holidays seem to bring out the best in people and this year was no different. A local business- Home Instead- contacted our department (as they have for several years now) about providing gifts for the homebound veterans.. Being a home health care nurse for the VA HCS, although mostly rewarding, it is sometimes sobering when we witness firsthand, some of our patients who live alone and are socially isolated and/ or who have a less than ideal quality of life.

Thus, the gifts that the Home Instead organization provides for our veterans are received with the utmost gratitude and appreciation from the veterans receiving the gifts as well as the staff who give them out. The smiles and the thank yous we received were both sincere and heartfelt.

When a friend contacted me

about taking a bus load of charitable goods to a local homeless shelter for New Year's Eve this year, I said count me in. I enlisted a few friends to join me and we took over our wares in preparation for the big day; December 31, 2008, New Year's Eve. Initially I thought the date to be a tad on the dramatic side but then I thought, how appropriate; beginning the New Year by lending a helping hand to aid others who are less fortunate.

So many people came through with donations for us to deliver. It was amazing to see the wonderful selection of blankets, toiletries, clothing (some new), as well as non-perishable food donations that had been collected and now being readied to present to the Central Arizona Shelter Services in the Valley's Sunnyslope area.

It was quite an undertaking but



Nurse Belinda Baker and assistants help sort through the donated items.

somehow the physical requirements of sorting through and lifting boxes seemed small when taking into account how many people these items would help. The people who ran the shelter were very happy for the donations

and so were those who participated in this project.

I've always believed the old adage to be true- 'tis better to give than to receive-- additionally I've noticed that acts of kindness and generosity are contagious. ■

Generosity Abounds at Community Clinics

By Eric Guyton and Dorothea Williams

In this year of hardship the **Southeast VA Health Care Clinic, Veterans Integrated Service Network 18, the ex-Prisoner Of War** group and others showed their holiday spirit by adopting the First Grade Class at Sunland Elementary School in South Phoenix, and a Post Deployment mother and her family.

Together they were able to provide gifts for 90 first grade students most of whom would not have had a Christmas without the help of these Angels. There was also Christmas treats and drinks for everyone. One of our veterans Gary Kanowsky with his assistant Karen R. Williams provided a Magic Show for the kids which they all loved, and Eric Guyton had the best job of all playing Santa Claus and seeing all of the smiling faces as they received their gifts.

With the Post Deployment mother and her family the Southeast VAHCC and its organizations were able to provide food to last

throughout the Holidays and gifts for everyone.

The **North West VA Health Care Clinic** sponsored an Operation Enduring and Iraqi Freedom veteran and family of two adults and four children-ages range from 2-10 years old. The father has Traumatic Brain Injury and has been unable to keep a job. The clinic collected \$747.65 from the clinic plus toys and stuffed animals from the neighborhood that have been washed and fluffed.

Shari and Dorothea went shopping for the family. The money left over was given to the husband and wife to help with bills or whatever they need. Staff are excited about being able to help them and everyone feels good about whatever part he/she is playing. Everyone here has had a willing and gracious spirit in this endeavor and it is so nice to see that there are people that really do care about what is going on with others who are less fortunate. ■



First grade students from Sunland Elementary School



SE VA Health Care Clinic staff and others share the holiday spirit with first graders from Sunland Elementary School.

CPRS Celebrates 10th Anniversary at Phoenix VAHCS

By James Vanderpoel, MS, MRA

The automation of medical care information has been the pursuit of the Department of Veterans Affairs for more than 40 years. Clinical information automation was initiated within the DVA in the 1980's. The progression of clinical automation has gone from separate applications each accessed individually within the Veterans Health Information Systems and Technology Architecture (VISTA) to an umbrella of clinical and administrative applications now known as the computerized patient record system (CPRS). CPRS version 1, released to the field in 1998 reflected VHA's commitment to

a new direction for VISTA, with a renewed emphasis on the development of clinical software to improve the quality and efficiency of health care by assisting the front line clinicians. CPRS v.1 was installed at the Carl T. Hayden, VAMC on December 4, 1998. The initial Clinical Informatics team supporting the software was composed of Marva Greene, RN, William Gardiner RN, Greg Gordon RN, Elizabeth Mims RN and James Vanderpoel MRA.

Administrative data, appointment information, and all the clinical components of the patient's record (Laboratory, Radiol-

ogy, Pharmacy, Progress Notes, Operative Reports, Discharge Summaries) are all now contained within CPRS. CPRS provides an integrated comprehensive patient record system for clinicians that organizes and presents clear up to date data that enables them to review and analyze information on any patient in a way that directly supports clinical decision making.

Clinician computer interaction remains a challenge as the process is dependent on the flawless functioning of the CPRS software, integrated commercial software products, computer networks, wireless technology, scanners, and

other support hardware. Staff skill and comfort levels utilizing CPRS fluctuate continually as the product undergoes continual change.

VHA has the opportunity to remain in the forefront of medical informatics through the creation of clinical software that is flexible enough to be implemented in a wide variety of settings and used by a broad spectrum of health care workers. **What is the most recent version and when was it implemented? What can we expect for the future? ■**

Selecting Tomorrow's Leaders Today

By Joan Etzenhouser

VHA is facing a significant leadership and technical loss due to the retirement of baby boomers. To create a continuum of leadership development, the VHA Succession & Workforce Development Strategic Plan has developed a four-tiered leadership development strategy designed to ensure a cadre of diverse employees. The first tier, the Executive Career Field (ECF) Leadership Program, was implemented on a national level in fiscal year 2002. The second and third tiers are the VISN Leadership Development Institute (LDI) program and the Facility LEAD program, which officially began in 2004 and 2005, respectively. Here at the hospital, we call our Facility LEAD program the Leadership Institute for Employees (LITE) Program. The fourth tier is the Student At Work (SAW) Program, offered at our facility for the first time this year.

The following are the members of the 2008 LITE Program Graduating Class:

- Gladys Beatty – Program Support Assistant
- Bruce A. Bowens – Medical Photographer
- Naesha S. Fleming – Program Support Assistant
- San Juanita George – Program Support Assistant
- Donna S. Hamilton-Bell – Secretary
- Rickie Howard – Program Support Assistant
- Megan Marie St. Thomas – Training Dietitian
- Rosanne E. Trujillo – Eligibility Specialist

We want to extend congratulations to this year's graduates for taking an active interest in their personal and professional develop-



ment for tomorrow and beyond! Please take time to congratulate them for their success!

We also want to announce and congratulate the selectees for the 2009 VISN LDI Program:

- Daniel Blackman – Training Specialist
- Deborah Dominick - OEF/OIF Program Manager

- Thomas Gavin - DSS Analyst
- Megan St. Thomas - Training Dietician

Each time announcements for leadership programs are circulated, the response has been overwhelming. Our facility is very fortunate to have individuals that are interested in becoming leaders that will assure our veterans receive the care they deserve. ■

Current Research Studies Ongoing at Our VA

By Angela Boyd

Diabetic kidney disease is the leading cause of kidney failure in the United States. Medicines that block a hormone in the body called angiotension have been shown to slow the loss of kidney function in people with diabetes.

- The Phoenix VA Health Care System is currently looking for men and women who have kidney disease from their diabetes. The study is designed to determine whether a combination of medicines that block the angiotension works better than using one medication alone to slow the loss of kidney function. If you are interested in participating in this study, please contact Lisa Orozco at 602-277-5551 ext. 7502.

- The Phoenix VA Health Care System is currently looking for men or women forty years or older who have been diagnosed with COPD (Chronic Obstructive Lung Disease). The study was created to teach our Veterans how to manage their own COPD symptoms. The study will provide free breathing tests, education and support for the participants. The study also will reimburse participants for their participation. If you are interested in participating in this study, please contact Pat Jacobs at 602-277-5551 ext. 7733. ■



EMPLOYEES OF THE MONTH



Scott Borehardt

December

By Vic Nickson

We congratulate Major Scott Borehardt RN, BSN, CCRN, CAPA, CPAN, and GN of the Post Anesthesia Care Unit, (PACU), for being selected as Employee of the Month.

The following anecdote describes his concern for his fellow Americans in general, and our veterans and their families in particular, as the

veterans recover from surgery:

"My friend you are in the recovery room. Your surgery is over. I estimate you will be here approximately one hour. Is there anyone I can call for you?"

A helping hand; kind words of encouragement; professionalism; knowledge; respect; that says it all.

But there is more. Lots more.

Major Borehardt is a multi-talented and multi-skilled Registered Nurse, with a Bachelor of Science Degree in Nursing.

In addition, he is a Certified Critical Care Nurse (CCRN), a Certified Ambulatory Perianesthesia Nurse (CAPA), a Certified Post Anesthesia Nurse (CPAN) and a Gerontological Nurse (GN).

Major Scott, along with 100% of the nurses in his unit, has been inducted into the prestigious American Board of Perianesthesia Nursing Certification Leadership Circle. Together, they hold the singular distinction of being the only unit in the nation with all of their nurses certified in both CAPA and CPAN at both the unit and hospital level within the same year.

This year the Anesthesiologist specializing in pain block, Dr. Cotie became backlogged. Major Borehardt put together a multi-disciplinary team during weekends and operating room shut down, to assist in alleviating this backlog.

He has contributed the Patient Surgical Site Infection process, which resulted in the improved compliance with prophylactic antibiotics discontinued within 24 hours of surgical time, thus decreasing post operative wound infection. This is a very important infection control process.

His work ethic is without peer; and he serves a role model to the young up and comers. He is so well liked and appreciated that he did not have just the usual one person who signed his nominating form, but an astounding, unprecedented, six people signed on.

Finally, for the past eight years, Major Borehardt and his wife have traveled to Honduras to assist indigent patients at their own expense. How many have they seen? A hundred? No, try 16,000.

Major Borehardt is truly an amazing human being and we salute him on all of his accomplishments.



Ruth Rinzivillo

January

By Vic Nickson

Mrs. Ruth Rinzivillo is congratulated as having been selected Employee of the Month for January. She works as the Community Living Center Night-Shift Charge Nurse.

Nurse Rinzivillo is well liked at the Center. She treats the Veterans and their families with the highest re-

spect and quality of care; and has a stellar thirty (30) year career within the VA Health Care System.

Nurse Rinzivillo has been described in a myriad of positive ways: capable, reassuring, personable, experienced, knowledgeable, respectful, compassionate, sincere, friendly, kind, honest, a clear-thinking leader with unquestioned judgment, and finally, as a positive role model committed to excellence.

She is so committed that her colleagues worry about her own health. She is at work at all times when scheduled, covers when others are ill, and has not taken a sick day in nearly two years.

Her patients just love her: They ask for her by name, because they know her service knowledge is impeccable; her hospice compassion is commendable; and she is extremely patient.

She can often be seen sitting and talking with spouses for hours on end, providing a shoulder to cry on, holding hands, comforting, empathizing, consoling, encouraging, and soothing.

For example, recently a spouse of an expired patient was in complete fear, shock and denial, refusing to believe that the patient had passed. Nurse Rinzivillo walked with the woman, displayed an ocean of compassion and a tower of strength, comforted her until her fears subsided, resulting in her finally accepting the death.

Nurse Rinzivillo, on a lighter but no less important note, ensures that the coffee is made for the Veterans at all times, even when she is extremely busy taking care of others. She really doesn't have to perform this task all the time; others should pitch in; but she insists; and our Veterans would not have it any other way.

Again, we congratulate Nurse Rinzivillo for duty above and beyond the call of duty.

Spotlight on Registered Dietitians

By Amy Enright, R.D.

March is **National Nutrition Month®** and the theme this year is “Eat Right.” Registered Dietitians (R.D.’s) work in several areas within the Phoenix VA Health Care System to help our veterans follow this simple mantra. The Clinical Nutrition Department has 17 dietitians, and two diet technicians. Our inpatient dietitians work with each of the inpatient medical teams, in the intensive care units, and on the surgical and psychiatric wards. We also have outpatient dietitians in each of the primary care clinics including the Northwest and Southeast clinics, and in Home Based Primary Care (HBPC).

Patients may see a dietitian when they are admitted to the hospital if they meet certain nutrition risk criteria. Our diet technicians screen each newly admitted patient and refer those at risk to the appropriate R.D. Dietitians then see each of the at risk patients and, depending on the individual’s medical conditions, make recommendations to the providers regarding appropriate diets, vitamin/mineral replacement, and alternative feeding methods such as feeding tubes or IV nutrition. R.D.’s also provide nutrition education to patients while they are in the hospital to help them “eat right” after they go home.

As an outpatient, veterans may

see a dietitian on an individual basis by appointment, or they may take one of the department’s many nutrition classes. Often, veterans initially seek out a dietitian after their primary provider mentions the need for a specialized diet (ex. Low sodium, heart healthy, diabetic), but dietitians are available to discuss a number of other nutritional issues too. One popular reason to meet with a dietitian is weight loss. Through the successful MOVE program, veterans can meet individually or in a group with a dietitian to aid in their weight loss efforts, and improve their overall health. In addition to the MOVE program, the Clinical

Nutrition Department also offers classes on heart healthy living and diabetic meal planning. Since many veterans share the responsibilities of cooking and shopping for groceries, our staff welcomes family members during appointments and classes.

Finally, another group of dietitians is working hard within the hospital to provide patients with nutritious meals. In addition to the Clinical Nutrition Department, the Food Service Department employs R.D.’s to maintain high food safety standards, train food service personnel on specialized diets, establish diet patterns, and work with the clinical R.D.’s

to provide our patients with needed nutritional supplements.

This March, the nutrition staff at the Phoenix VA Health Care System encourages you to make an effort to eat right. If you have questions regarding a recommended diet, improving the overall quality of your diet, weight loss, nutritional supplements, or any other nutrition related questions, we encourage you ask an R.D. If you are interested in meeting with an R.D. as an outpatient, call your primary care clinic dietitian to schedule an appointment, and if you are currently an inpatient, please ask a staff member to contact your dietitian. ■



Front Row L to R: Lisa Oliver, Stephanie Schaefer, Lin Shu, Elaine Manahan; Middle Row: Diane Parrington, Mary Mancini, Amy Enright; Back Row: Helen Hatseras, Barb Murray, Ashley Bremer, Caroline Goodman, Julie Heinzl, Tara Rogers, Kim Assaker

PR PROVIDERS

Public Affairs Officer Paula Pedene often has to garner staff interviews and information on a short turn around basis for media queries. When staff assist our VA with media and other PR requests Pedene recognizes them as PR Providers. This helps us provide our four-hour turnaround for media queries, and helps to support other special needs

for public relations assistance. PR Providers earn recognition in this column and they receive a special token of appreciation for their PR efforts.

■ Thanks to **Dr. William Duckworth** for his assistance with all the media relative to his publication on the VA Diabetes Trial in

the January edition of the New England Journal of Medicine.

■ Thanks to 4C Nurse Manager **Jess Fowler** and Nurses **Genevieve Andreas, Keri Hollembek, Nathan Caulk** and Nurse Recruiter **Linda Weiler** for their assistance with the Arizona Republic story.

■ Thanks to **Mike Welsh** and **John Flowers** for their assistance in escorting Ms. Arizona Erin Nurss to the various wards in the hospital to visit patients.

We thank you all for being PR Providers.

HIGHLIGHTS

Around the Medical Center

■ Trouble sleeping is a common problem. My HealtheVet the gateway to veteran health services and benefits has launched the new Healthy Sleep Center. The Healthy Sleep Center was developed by clinical subject matter experts, including **Dr. Dana Epstein** from the PVAHCS. The Healthy Sleep Center offers veteran patients and their caregiver's information to understand sleep's role in a healthy lifestyle. The site includes helpful tips, new skills and behaviors to improve sleep, and information on healthy sleep. Healthcare providers can find patient information handouts, sleep diaries, and questionnaires that may be helpful when caring for patients with sleep difficulty. https://www.myhealth.va.gov/mhv-portal-web/anonymous.portal?_nfpb=true&_pageLabel=healthyLiving&contentPage=healthy_living/sleep_intro.htm

■ **Dr. Paul Duntley** recently became a Fellow of the American College of Physicians. Fellowship is an honor achieved by those recognized by their peers for personal integrity, superior competence in internal medicine, professional accomplishment, and demonstrated scholarship. It may be achieved by either advancement from ACP Membership or, in exceptional cases, by direct election. Honorary Fellowships are granted to presidents or their equivalents of medical societies abroad who attend ACP's annual Internal Medicine meeting. Congratulations Dr. Duntley.



Paul Duntley

■ Blinded Veteran and our Visually Impaired Services Team Coordinator **Tom Hicks** is training to hike Mount Kilimanjaro in June 2009. Mount Kilimanjaro is the tallest free-standing mountain in the world, and what makes this trip so special is that he's doing it with a team from The Foundation for Blind Children which includes nine blind climbers. The climb will span eight nights and rely heavily on teamwork and effective communication between the sighted climbers and the blind climbers. Their team has been training since May and will continue to do so until our journey in June 2009. Great job Tom!



VIST Coordinator Tom Hicks (center) is led on a hike in Phoenix as he prepares to climb Mt. Kilimanjaro.

■ Congratulations to **Dr. Lisa Konti, Dr. Cindy Scott, Dr Sota Keo, Dr. Linda Gilbert and Dr. Joanne Ahlemeyer** for graduation from Arizona State University with a Doctorate in Nursing Practice.

■ Essays in the book "Reflections on Doctors" provide readers with clear-cut explanations of various medical terminologies, interesting history of the nursing profession and glimpses into its future. Our own VA Nurse **Carolyn Lounsbury** had one of her essays published in this book. Lounsbury says, "It is important to appreciate the contribution that jocularly can bring to the relationship between doctors and nurses. This can help defuse tense or emotional situations in a creative way, and develop teamwork for better patient care." Congratulations Carolyn on your contributions.

■ **Ruth Bell RN, BSN, CDE**, a longtime member of our Diabetes Process Improvement Team, who has done a tremendous job helping veterans, especially those with diabetes, seen at our Show Low VA Health Care Clinic and has assisted with the Show Low Telediabetes Classes since their inception is transferring to the San Diego VA and will be working there as Case Manager. Congratulations Ruth.

■ VA Employees share the ride for cleaner air....Don't you wonder where all the Share a Ride Van's are going that you see around the valley? Our VA has five Vanpools. One of the East Valley Van's is advertising via a magnet in the van VA EMPLOYEES SHARING THE RIDE FOR CLEANER AIR.

Another benefit for working for the VA is their generosity in helping with reimbursement for vanpool, payments of bus passes and assisting with light rail. Think of the number of vehicles it is keeping off of the freeway and the money our employees save on vehicle expenses

■ **Gina Tillman** was on her way back from the canteen during her break time. A patient was stranded in her mobilized wheelchair located in the VA Gallery area. She reached out to me and asked me can you help me? I replied I'll try but, I will be late from my break. She stopped to help her and while she was trying to help another co-worker from Emerald Clinic also stopped to assist (**Kristen Williams**). Although it took awhile for the two to get the patient help, they stayed with her until it was resolved.

■ **Cassandra Knight- McCleary** and **Anne Segura** are Co-Chairpersons for the 2009 Relay for Life Race in Apache Junction/Gold Canyon. **Jim McCleary** and **Randy Carman** are members of our team. Relay will be held in April and our committee has already raised \$2000. We were also chosen to do the CPS3 (cancer prevention study) at our Relay-a real honor as only three Relay sites were chosen. We held a mini Relay in October for dogs (dogs get cancer, too) to benefit the ACS. We called it Paws for the cause and raised \$1848 in a two hour event. ■